

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: SUMNER A. LAFORME-HUNTTelephone: (716) 598-5908Address: 2130 GILLETTE DR.

Fax: _____

CLOVER, SC, 29710

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED
MAR 15 2022
PSC SC
MAIL/DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 03-14-2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. HUNT MEDICAL TRANSPORTATION, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2130 Gillette DRCLOVER, SC 29710

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(716) 598-5908

Phone

Fax

SUMMERANGELHUNT@GMAIL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)



Individual Owner/Sole Proprietorship



Partnership - List names and address of all person having an interest in the business.



Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	\$ 145,000	Mortgage Loan on Real Estate	0
Value of Motor Vehicles	\$ 32,568	Loans Owed on Motor Vehicles	\$ 5,729.00
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	\$ 2500.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	\$ 5,729.00
Total Assets	\$ 180,068.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:WEEKDAYWEEKENDS & OFF HOURSAMBULATORY BASE RATE

\$25-30

\$30-\$40

WHEELCHAIR

\$45-\$50

\$75-\$90

ADDITIONAL MILEAGE FEE'S

\$3-\$5

\$5-\$7

WAIT TIME FEE'S

\$15-\$30

\$15-\$30

ADDITIONAL ATTENDANT FEE'S

\$5-\$10

\$5-\$10

NO SHOW FEE'S

\$25

\$30

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
HONDA	(2013) ODESSEY	5FNRL5H69DB002308	4378	NA
DODGE	(2014) CARAVAN	2C4RDGCG1ER391301	4510	NA

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

SUMNER LAFORME HUNT

Name of Applicant

2130 GILLETTE DR CLOVER, SC 29710

Address of Applicant

Amount of Premium:

Liability Insurance \$ 12,987.00

The above quoted premium is for a term of _____ months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	\$ 1,000,000.00
Medical Payments per Person	\$ 1,000	\$ 1,000.00

COLUMBIA INSURANCE COMPANY

Name of Insurance Company

1886 OLD HIGHWAY 7215 BOONE, NC 28607

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Hunt Medical Transportation, LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

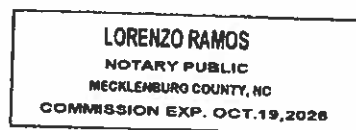
- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lorenzo Ramos
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

^{No. 14 LR}
STATE OF SOUTH CAROLINA)
COUNTY OF Mecklenburg)
SWORN TO BEFORE ME
This 14th day of March, 20 22
[Signature]
Notary Public
Commission Expires Oct 19, 2026



Print Application



Jackson Sumner & Associates
Excess & Surplus Lines Broker
www.jsausa.com • 1-800-342-5572

To: Julie Burnham, Kelley E. Moulton Agency

JSA Contact: Angie Cianfarra

Named Insured: Hunt Medical Transport LLC

Submission Number: AU178106

We are pleased to offer you the following proposal:

Company Quoted: COLUMBIA INSURANCE COMPANY

AM Best Rating: A++ XV

Premium \$12,987.00

This quote will expire in 30 days.

In order to bind the following items will be needed:
NICO Application

Comments:

Please review quote carefully and let me know if you have any questions. Please remember that coverage is bound the date and time we receive the request in our office. If filings are needed, they will be issued the date after coverage is bound.

Thank you

Please review this quote carefully as it may not contain all requested coverages and limits. You have no authority to bind coverage. Coverage is not bound until a policy number is released by a JSA Underwriter. Other forms may apply if this coverage is bound. This is not a contract of insurance. The actual policy (if issued) may contain other forms not shown on this quote. Please review the actual policy (if issued) for all terms and conditions for which this quote is subject to for actual coverages contained therein.

NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For Hunt Medical Transport LLC



Quote #: 12588936

Status: Pending

Policy Type: AP

Originally Quoted: 2/10/2022 10:09 AM EST
 Quote Printed: 3/03/2022 8:19 AM EST
 Proposed Effective: 2/10/2022 12:00 AM EST
 Proposed Expiration: 2/10/2023 12:00 AM EST

Quoted By: Angie Cianfarra
 Jackson Sumner & Associates, Inc.
 1886 Old Highway 421 S
 Boone, NC 28607
 Phone - (828) 264-2787
 Fax - (828) 262-0754
 angelac@jsausa.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	7,821
7	UM - BIPD	1,000,000 CSL	1,717
7	UIM - BIPD	1,000,000 CSL	1,717
7	Medical Payments	1,000	185
7	Physical Damage	See Specific Unit	1,547
	Total Ins Value	18,000	
Total			\$12,987.00

Revision: 71SC2020R01

Vehicle Information

NICO-Rate Version: 8.7.5170.67

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2013 HONDA ODYSSEY MINI WAGON (02308) Comp/Coll \$18,000 Radius: Up to 50 Miles	7,821	1,717	1,717	185	1,547	N/A	N/A	12,987
Deductible: 500/1,000								

NI National
 Indemnity
 Company
 Since 1940

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HUNT MEDICAL TRANSPORTATION, LLC
DOS ID Number: 6244593
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 08/16/2021

Statement Status: CURRENT
Statement Due Date: 08/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on February 17, 2022 at 12:20 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001102601 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

ACCEPTED FOR PROCESSING - 2022 March 16 4:09 PM - SCFSC - 2022 112 1 Page 12 of 14

The UPS Store®

13000 S. Tryon St., Ste. F
Charlotte, NC 28278-7602
704.588.8595 Tel
704.588.5995 Fax

FAX



To Public Service Commission From

Company Clerk's Office Phone#

Fax# (803) 896 5199 Fax#

Date 03/14/2022 Total Pages

Job#

Summer LaForme-Hunt

Hunt Medical Transportation, LLC

716 598 5908

12

Message/Text Area: Class C Non-Emergency Application

Business Entities Online

File, Search, and Retrieve Documents Electronically

Hunt Medical Transportation, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Foreign

Incorporated State: New York

Important Dates

Effective Date: 02/23/2022

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: Summer Laforme-Hunt

Address: 2130 Gillette drive
Clover , South Carolina 29710

Official Documents On File

Filing Type	Filing Date
Application for a Certificate of Authority to Transact Business	02/23/2022